

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90124 022 ***150.00

DOCUMENT # **K53828**

1. Entity Name
HARRY C. MIDGLEY, III, M.D., P.A.

HARRY C MIDGLEY III M.D.PA
2055 MILITARY TRAIL
SUITE 312
JUPITER, FL 33458

Principal Place of Business
~~% HARRY C. MIDGLEY, III~~
~~1411 N. FLAGLER DR. STE 5100~~
~~W. PALM BEACH FL 33401~~

NEW ADDRESS

Mailing Address
~~% HARRY C. MIDGLEY, III~~
~~1411 N. FLAGLER DR. STE 5100~~
~~W. PALM BEACH FL 33401~~

2. Principal Place of Business
2055 MILITARY TRAIL
 Suite, Apt. #, etc.
Suite 312

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
JUPITER, FL
 Zip
33458
 Country
USA

City & State
 Zip
 Country

4. FEI Number
65-0090499

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MIDGLEY, HARRY C., III
~~1411 N. FLAGLER DR~~
~~SUITE 5100~~
~~W. PALM BEACH FL 33401~~

see above

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MIDGLEY, HARRY C., III 1411 N. FLAGLER DR #5100 W. PALM BEACH FL <i>see above</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDGLEY, HARRY C., III 1411 N. FLAGLER DR #5100 W. PALM BEACH FL <i>see above</i>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 561-748-9898

Date

Daytime Phone #

CR2E034 (9/01)